	•	•	, BE	ST F	WAIL	able C	OP)	f.,		·			
								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000													
	•,		09681855										
		CLAIMS AS	FILED - I (Column 1					SMALL ENTITY TYPE		OR_	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			30					PATE	FEE		RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			30 _ minus 20=		10			X\$ 9=		OR	X\$18=	180.	ŀ
INDEPENDENT CLAIMS			2 _ mir	nus 3 =	0	0				OR	X80=		ľ
MUL	TIPLE DEPEND	DENT CLAIM P	RESENT		<del></del>			+135=		OR	+270=		
• If t	he difference i	in column 1 is	less than ze	ro, ente	er "0" in c	"0" in column 2				OR	TOTAL	2900	ŀ
١,	71206			NDED - PART II				MALL E	NTITY	OR	OTHER SMALL	THAN	
1	2/12/14	(Column 1) CLAIMS			ımn 2) HEST	(Column 3)	ſ		ADDI-			ADØ1-	1
NT A		REMAINING AFTER AMENDMENT		PREV	MBER TIOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIØNAL FEE	
AMENDMENT	Total	· 29	Minus	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u>30</u>	=		X\$ 9=		OR	X\$18=/		
	independent	. 2	Minus	***	3	=		X40=		OR	X89=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						]	+135=		1	+270=		1
							L	+135=		OR	TOTAL	<del> </del>	1
	2/1/105							DIT. FEE		OR	ADDIT. FEE	<u></u>	4
<u> </u>	<u> </u>	(Golumn 1)			umn 2) SHEST	(Column 3)	<b>\</b> _		ADDI-	1		ADDI-	$\forall$
MENT B		REMAINING AFTER AMENDMENT	,	NU PREV	IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
DME	Total	·	Minus		30	=	<b>1</b> [	X\$ 9=		OR	X\$18=	<u> </u>	
AMEND	Independent	• /	Minus	***	3	=		X40=		OR	X80=		Ì
M	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┙┞	-105-		1 /			
	•							+135= TOTAL	<b></b>	OF	TOTAL	<u> </u>	_
								DOTT. FEE		JOR	ADDIT. FEE		_
<b></b>		(Column 1)			lumn 2) GHEST	(Column 3	ት _			7		TADDI	_
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PRE	JMBER VIOUSLY LID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
	Total	•	Minus	**		= .	][	X\$ 9=		OR	X\$18=	ï	_
	Independent	•	Minus	***			<u> </u>	X40=		OR	X80=		
IJ₹	FIRST PRES	ENTATION OF	MULTIPLE DE	PENDE	NT CLAIR	_ 🔲 _	╛┢		╂	┨ॅ¨	` <b></b>	+	_

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

+135=

TOTAL ADDIT. FEE